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CORONAVIRUS: OPINION OF THE FRENCH NATIONAL ACADEMY OF MEDICINE

Covid-19 Pandemic: Holding the Ridge^{1*}

On January 30, 2020, WHO declared the coronavirus outbreak in China to be a public health emergency of international concern. Since then, the Covid-19 pandemic has spread to all continents in an immunologically naïve human population.

The epidemic wave that reached France in March-April 2020 could only be mitigated at the cost of a general containment of the population for two months. This measure, adopted to contain the saturation of intensive care unit capacities, had a very heavy social, economic, but also health and psychological impact, whose consequences will have to be borne for several years.

The gradual release of the containment phase, initiated on May 11, was followed by an active resumption of the virus transmission after a few weeks of summer release. While the hope of a post-infection collective immunity and the prospect of a safe and effective mass vaccination [1] are receding, nothing seems able to prevent the recurrent spread of CoV-2-SARS, except for non-specific measures aiming to hinder its transmission: distancing, masking, hygiene and hand washing.

The current intensity of the epidemic rebound makes it possible to consider different response scenarios (partial or localized containment, restriction of travels, curfews...), while ruling out the hypothesis of generalized reconfinement in principle. It is therefore important to learn from the experience of March, April and May: to consider the possibility of a locoregional approach, identify the main transmission sites and the most vulnerable populations, rehabilitate digital tracing [2], define an efficient diagnosis and a screening strategy [3],

not neglecting the management of chronic diseases and mental health and preserving the nation's essential socio-economic balance.

Faced with the alarming dynamics of the epidemic as winter approaches, the **National Academy of Medicine recommends**:

- not to wait until the maximum alert level is reached to implement appropriate containment measures (at night or limited to certain periods of the day, in order to minimize economic activities as little as possible);
- to restrict these measures to areas where the epidemic is likely to put a strain on the intensive care units, taking into account the need to maintain capacity for non-Covid-19 patients in these areas;
- to limit the containment period to four weeks, with a review afterstudy of the evolution of the situation;
- to facilitate the implementation of barrier measures for the most at-risk populations (particularly elderly people) without confusing distancing and isolation;
- to ensure that the effect of the restrictive measures is mitigated by compensatory provisions aimed at maintaining economic and social activities and preventing the health consequences of confinement;
- to avoid terminology (curfews) that refers more to internal security orders than to public health measures.

References

¹ DOI of original article: 10.1016/j.banm.2020.11.013

^{*}Press release from the French National Academy of Medicine, October 14, 2020

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Disclosure of interest

The authors declare that they have no competing interest.